

# **Guidelines of Medical Care for Pediatric Patients with Diabetes (1) (Rev. 07/2012) (Previous editions obsolete.)**

These are guidelines to be adapted into the clinician's practice recommended by Nebraska Diabetes Consensus Guidelines Taskforce

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year of Diagnosis: \_\_\_\_\_

Attended Diabetes Self-Management Classes: Yes \_\_\_\_ No \_\_\_\_ If yes, When/Where: \_\_\_\_\_

Complications: \_\_\_\_\_

*\*Frequency may be every **diabetes-related visit** – to be determined by physician*

Indicators	Frequency*	Goals (1)	Date/Results	Date/Results	Date/Results	Date/Results
Height	Every Visit					
Weight or BMI	Every Visit					
Tanner Stage	Yearly					
Blood Pressure	Every Visit	Age specific guidelines				
Foot Exam/Pulses (2)	Every Visit					
Skin/Injection Sites	Every Visit					
Blood Glucose	Every Visit					
Review of Self-Blood Glucose Monitoring Record	Every Visit	Age specific guidelines (3)				
Review/Update Current Meds	Every Visit					
Discuss Lifestyle Management - Tobacco Use Status Using/Doesn't Use Cessation if using - Physical Activity	Every Visit					
A1c (Hemoglobin A1c)	Every Three Months	0-6 yrs <8.5 6-12 yrs <8 13-19 yrs <7.5				
Referred for Dental Exam	Bi-annual	Exam Date/ Dentist:				
Annual Exam/History Update	Yearly					
Abdominal Exam	Yearly					
Neurological Exam/Depression Screening	Yearly					
Cardiac Assessment/Pulses	Yearly					
Thyroid Assessment (4)	Yearly					
Referred for Dilated Eye Exam (5)	Yearly	Exam Date/Physician:				
Total Cholesterol (6)	Yearly	<170 mg/dl				
HDL-C (6)	Yearly					
Triglycerides (6)	Yearly					
Calculated or Measured LDL Assessment (6)	Yearly	<100 mg/dl (6)				
Random spot urine for albumin /creatinine ratio (7)	Yearly	<30 ug/mg creatinine				
Influenza Vaccine	Yearly	Date/location:				
Pneumococcal Vaccination(8)	(8)	Date/location:				
Celiac Disease (9)						

(1) Based on American Diabetes Assoc. Standards of Medical Care for Patients W/ Diabetes Mellitus. *Diabetes Care* 35 (Suppl. 1): Jan 2012.

(2) Annual comprehensive foot exam.

(3) Daytime: <5 years. 100-200; >5 yrs. 70-150 or as determined by physician; nighttime: <5 years. 150-200; >5 yrs. 120-180 or as determined by physician.

(4) Thyroid function tests annually with Type 1; Type 2, at time of diagnosis and as indicated.

(5) ADA: once child is ≥ 10 years old & has had diabetes for three to five years; annual follow-up. AAP: three to five years after diagnosis if >9 years old and annually the Pediatric Endocrinologist: dilated eye exam first year after diagnosis; not annually until adolescence or after puberty.

(6) Perform a fasting lipid panel on all children >2 years at the time of diagnosis (after glucose control has been established); if values are within normal levels and family is not a concern, follow-up is recommended at 5-year intervals thereafter. (Nebraska Diabetes Consensus Guidelines Task Force recommendation.)

(7) Annual screening once child is 10 years of age. (Nebraska Diabetes Consensus Guidelines Task Force recommendation.)

(8) Centers for Disease Control & Prevention Guidelines.

(9) Patients with Type 1 diabetes should be screened for Celiac disease. Children with positive antibodies should be referred to a gastroenterologist for evaluation. Child confirmed celiac disease should have consultation with a dietitian and placed on a gluten-free diet.